

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number		Report Filed I (Mark X)	By Candida	te	Committee	7	Lobi	bylist
Name of Filing Commit Lobbyist	tee, Candidate or	#RIEW	PS OF	mire K	OBKK.	A		
Street Address			O CHE					
City	ERIE	<u></u>	State	PA	Zip Code	(650	<u>م</u>	
Type of Report (Place x	under report type)							
1-6 th Tuesday 2-2 nd Pre-Primary Pre-Pr	Friday 3- 30 Day Post	4-6 th Tuesday Pre-Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Fr Pre-Election	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	cial 30 Day t-Election
			\					
Date Of Election (MM/DD/YYYY)		Year	2017	Amendment Report		Termination Report		
Summary of Receipts a Expenditures	ind From Date	To Dat	8		For	Office Use Onl	y Ngangangan	de projection de la company de
A. Amount Brought Fo		56	.45		tig to make the general section of		رب د	
(From Schedule I)	tributions and Receipt	s \$ 550	30,00			5	2011 OCT 27 PR 1: 1:	
C: Total Funds Availab (Sum of Lines A and B)			.1,45			77 77 72	温 3	14A
D. Total Expenditures (From Schedule III)	and the second second		195.34			m g		
E. Ending Cash Balance (Subtract Line D from) F. Value of In-Kind Cor	Line C)	\$ 5	68.11				芸工	: -
(From Schedule II) G: Unpaid Debts and C			Ø					
(From Schedule IV)	voilgacions		A	<u> </u>			مبتل	
Part 1- If this is a Commit	tee report, treasurer sign l	here. If this is a Ca	Affidavit Se ndidate report, ca					
I swear (or affirm) that th Sworn to and subscribed	is report, including the att	ached schedules o	n paper, is to the	best of my knowled	dge and belief to	rue, correct and	complete.	
Cay of Mot	ARIAL SEAL ²⁰ asset Notary Public	٦' ا		MANA Signature	of Person Subm	nitting report		
My Commission	Expires March 29, 202	0	_	prendu	Printed Nam			
MEMBER PENNSYLVA My Commission expires_	MO, DAY YR		-,	Area Code	Day	460 ~ ytime Telephone		
Part II- If this is a report of	f a Candidate's Authorize	d Committee, can	didate shall sign h	ere.				
	the best of my knowledge				y provisions of	the Act of June 3	3, 1937 (P.L. 1	333, NO.320) as
Sworn to and subscribed	before me this				4			
day of OC	tober 20 /	_ '	_	Sig	nature of Candi	date		
	MOLDEMNSYLVANIA RIAL SEAL SEEI, NOTANY PUBLICA	<u>`</u>	_	mik	Printed Name	YLFA		
My Commission lexportes	e-Erie County OUX			8/9 Area Code	4	time Telephone	16 Number	
	AASSOCIATION OF NOTARIE							

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

v.					
以前側上の設定と同じたとは利用した事業が、おより、は2010年のはなる。					
Filer Identification Number			_		
STATE OF THE PROPERTY OF THE PARTY OF					
A CONTRACTOR OF THE SECOND CONTRACTOR OF THE S	<i>正しい</i> ついり	OF WIKE			
Filer Identification Number	, p.		1		
A CAME AND A CAME AND A CAME AND A CAME AND ASSESSMENT OF THE ASSE	1			-	

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period (1) \$	5	ø
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	1/4 / N		
Contributions Received from Political Committees (Part A)	4	•	d
All Other Contributions (Part B)	\$	•	550000 MK 0
Total for the reporting period (2)	•	55-00 90 MK \$
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	\$		ϕ
All Other Contributions (Part D)	•	\$	5500 00
Total for the reporting period (3)	5	5500 ⁶⁰
4. Other Receipts-Refunds, Interest Earned; Returned Checks, ETC: (From Part E)			
Total for the reporting period (4) {	À	ϕ
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Repor Cover Page, Item B)	, ,	\$	5500 00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer identification Number	FRIENDS	0F	MIKE	KOBYLKA	
					Amount
PER MARINE SERVICE AND ADDRESS OF THE PERSON				hand the remain discontinuous collectes	

					Amount
Full Name of Contr Committee	ibuting			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
City	RECORDERATE STREET, ASSESSED.	State	Zip Code	Date [MM/DD/YYYY]	'\$
Full Name of Contr Committee	ibuting			Date [MM/DD/YYYY]	5
House #	Street Address			Date [MM/DD/YYYY]	S
City	以表示并 他们的自然之外地域对它的现在分词	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	4.4			Date [MM/DD/YYYY]	.\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	16.0000 http://doi.org/10.0000/10.0000	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting			Date [MM/DD/XXXX]	5
House #	Street Address			Date [MM/DD/YYYY]	(\$
City	The accommon Active and the accommon active accommon active active accommon active act	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting			Date [MM/DD/YYYY]	.\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	N 1866 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867 1867	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	/ 5

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

FRIENDS OF MIKE KOBYLKA

			THE CONTROL OF THE PARTY OF THE	
Füll Nemeon Contributor			Date [MM/DD/WYYY] \$	
THÖUSE/# Street Address			Date [MM/DD/AYYY] S	
(લાંસ્)	State	Zip Code	Date [MM/DD/AYYM]	
Full Name of Contributor			Date [MM/DD/YYYW]	
House, it is street Address			-Date [MM/DD/MMM] S	
etty.	State	Zip Code	Date (MM/DD//YXXX)	
Full Name of Contributor			*Date [MM/DD//YYYY] \$	ï
House# Street Address			Date (MM/DD/YYYY)	
्ता _र े	State	Zip Code	Date (MM/DD/YYYY) S	
i Full i Name on Contributori			SDate (MM//DD//XXXX)	
(House if Street Address			Date [MM/DD/ACAN]	
(div)	State	Zip Code	Date [MM//DD/////A/] > (\$	
Full Name of Contributor			&Date\[MM/DD/XXXXI] \$	
House(#) Street Address			Date:[MM/Dby/YYYY]	
GLY	State	Zip)Code	Date [MM/DD/AAAA]	
Full Name of Contributor			*Date*[MM//DD//Y/Y/] * S	_
House # Street Address			Date [MM/DD//YYYM] / S	
Gity	(State)	Zip Code	(Pate(IMM/DD/ANAYA) S.	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	riemps	0 F	MIKE	KOBYLKA	

Full Name of Contributing Committee			*Date [MM/DD/MYM]	S.V.
House # Street Address			Date [MM/DD/\\\\\]	
GRY.	State	Zip Code	Date [MM/DD/YYYY]	\$ 1
Full Name of a Contributing Committee			(Cate [MM/DD/YYYY)]	\$
House # Street Address			Date [MM/DD/YYYY/]	\$
CITY	State	Zip Code		
Feull Name of Contributing Committee			Date (MM/DD/YY-YY)	\$
House # Street Address				
CITY I	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributing Committee				\$
House # Street Address				\$.
(City)	State	Zip Code	Date (MM/DD/YYYY)	
Full Name of Contributing Committee			*Pate [MM//DD////Y/)	
House # Street Address				S.
elty	State	Zip Code	(Date [MM//DD//YYYY)	\$
Full Name of Contributing Committee			Date [MM/DD/MMM]	\$
House # Street Address			Date [MM/DD/MYY]	
(City)	State	Zip,Code		\$.

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	•				
Flier Identification Number:	FRIENDS	OF	MIKE	LIRICKA	
SERVICE AND REPORT OF THE PROPERTY OF	•• •		• • • • • •	(000)	

Full Name of Contributor				, (a)	Date [MM/DD/	8.6		66
House # Stree		GER RI	CHARPS		16/13/	1	500	00
Tree	et Address	730 1	JETHS		Date [MM/DD/			
Gity 7	7.17	State	Zip Code	J	Date [MM/DD/	YYYYI. S		
IN ENE		PA	-					
Employer Name		Se	T.F	1200	Occupation	ATTO	SNET	
Employer Mailing Address / Principal Place of Business	//**	230 (WGTHST					
Full Name of Contributor				- A	Date (MM/DD/	YYYY] sa		
	KEU	IN LI	44		10/22/	1,7	3000	⊃ <u>@</u>
House # Stree	et Address		•	ř	Date [MM/DD/	YYYY)		
Ø (Grove)		Party Str. Agent and Advantage	FIGH LN		D-1-41VMV/GG/	vavvi 🎎 🖰 č		
OILY NATICK	_	∛State M	Zip Code (4	31760	Date [MM/DD/	3		
Employer Name			FLF	9	Occupation	BROADCA	STER	
Employer Mailing Address/ Principal Place of Business	/	2 EAST	1 (=16.11	1				
- 大學學院的學術學院學院學院學院教育學院學院學院學院學院學院學院學院學院學院學院學院學院學院學院		~ C. HO!	L-104	LN				
4Full Name of Contributor.				Ŷ.	Date [MM/DD/	yyyyj, s		· · · · · · · ·
Full Name of Contributor	HOT		ST/ANSO	n)	10/231	20:7	Z000	⁷ ₀ō
Full Name of Contributor		N CHRI	ST/ANSO		Manager and Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment Assessment	20:7	Z000	7 ₀ 0
#Full Name of Contributor #House #	HOT	N CHRI	STIANSO	n) ER	/6 /23/ Date [MM/DD/	20:7 YYYY] \$	Z000	⁷ ₀ ⁵
Full Name of Contributor	HOT	N CHRI	STIANSO	n) ER	10/231	20:7 YYYY] \$	Z000	7 ₀ 0
Full Name of Contributor House # Stree City Classification Employer Name	JOH/ et Address	N CHRI	STIANSO	rd ER [8507	/6 /23/ Date [MM/DD/	20:7 YYYY] \$		700
Full Name of Contributor House # Stree Gity CR	JOH/ et Address	N CHRI ZNIAC State PH	STIANSO	n ER [8507 V6	/0 /23/ Date (MM/DD/ Date (MM/DD/	20:7 YYYYI \$		√°2
Full Name of Contributor House # Stree Giv	JOH/ et Address	N CHRI ZNIAC State PH	STIANSO SARA PIO ZIPICOTE H SECUADOASTI	LC507 V6 E PA	/0 /23/ Date (MM/DD/ Date (MM/DD/	26:7 YYYYI		7,00
House # Stree City CC C Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	JOH (N CHRI ZNIAC State PH	STIANSO SARA PIO ZIPICOTE H SECUADOASTI	12807 12507 V6 E PA	/d /23/ Date [MM/DD/ Date [MM/DD/ Occupation	20:7 YYYYI \$ YYYYI \$ YYYYI \$ C c O (700
#House # Stree Giv	at Address	N CHRI ZNIAC State PH	STIANSO SARA PIO ZIPICOTE H SECUADOASTI	12807 12507 V6 E PA	/G /23/ Date [MM/DD/ Date [MM/DD/ Occupation	20:7 YYYYI \$ YYYYI \$ YYYYI \$ C c O ()°⊵
#House # Stree Giv	JOH (Z NIAC State PH LICLY & 3514 STA	STIANSO SARA PIO ZIPICOTE H SECUADOASTI	LER LESO7 V6 E PA	/d /23/ Date [MM/DD/ Date [MM/DD/ Occupation	26:7 (a O (°00
House # Stree City CRIC Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Stree City	at Address	N CHRI Z NIAC State PA LICLY & 3514 STA	STIANSO SARA PIO ZIPICODE PEROADCASTY TE ST ERI	LER LESO7 V6 E PA	Jo Z 3 / Date [MM/DD//Date [MM/	26:7 (a O (√°2
House # Stree City CC C Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # Stree	at Address	Z NIAC State PH LICLY & 3514 STA	STIANSO SARA PIO ZIPICODE PEROADCASTY TE ST ERI	LER LESO7 V6 E PA	Jo / 23 / Date [MM/DD// Date [MM/DD// Occupation Date [MM/DD// Date [MM/DD//	26:7 (a O (7,000

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer (dentification Number:	FRIENDS OF	MIKE	KLANCKA	
Rull Name House # 1 Stre	ët/Addrëss			
City.	State (6)	Zip: *Code	Date [MM/DD/YYYY]	\$
House# Sire	et Address			
City Receipt Description	State	Zip Code	Date:[MM/DD/XXXX]	\$ # #
FülliName(J.)				
House 4) Stre	et/Address	Zip Code	#Date [MM/DD/YYYY]	
Full Name House # Stre	et Address State	Zip Code	Date [MM/DD/MAY]	S
Full Name House#. Sire	et Address			
Gity Receipt Description	State	Zip Code	Date [MM/DD/YYXM]	\$
ATUINAMO House#! Stra	et-Address			
City Receipt Description	State	Zip. Code	&Date [MM/DD/XXXY]	

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filen Identification Number	Flienps o	F MIRE &	COBYLICA	
DAJYYYI DA III U OO AAA HARA AA				
AL UNITEMIZEDINEKINDIGO	NTRIBUTIONS RECEIVED-VAL	UE OF \$50.00 OR LESS P	ER CONTRIBUTION	
TOTAL for the reporting period	(1)	\$		-0.00
			The state of the s	
	FREGEIVED-VALUE OF \$50.01	010 \$250,00 (FROM PAR	T(E)	
TOTAL for the reporting period	(2)	\$		
(NAME CONTRIBUTION)	REGERVED AVAINTEGAVED AS DE	YAOMED NEDVOTE CA		
		(Calludality)		Water Market
TOTAL for the reporting period	(3)	\$		
TOTAL VALUE OF IN-KIND CONTRIE	SUTIONS DURING THIS REPOR	RTING S		
PERIOD (Add and enter amount to	als from boxes 1, 2, and 3; a		A)	
on Page 1, Report Cover Page, Item	1 F)		9	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

A PART OF THE PROPERTY OF THE PARTY OF THE PARTY.				
File ildentification Number			A	
	F-0	_	1 / 1 / / / /	
		OF MILO	12/11/40/11/5/11	
	, ,			

.FulliName.or.Contributor			(Date [MM/OD/MM))	\$ E
House # Street/Address			Date [MM/DD/XXXX]	
(Gfty)	State	Zip Gode	Date [MM/DD/XXXX]	\$
Description of Contribution				
Full Name of Contributor			Date [MW/DD/YYYY]	\$
House# Street/Address	International Control			S .
(GILY)	State	Zip/Code	Date [MM/DD/11/11]	\$
Description of (Contribution)				
Full Name of Contributor			Date [MM/DD/YWY]	S.
House # Street Address				\$
Cety: (Ocsapiption of Contribution	State	Zip Code	Date [MM/DD/XXXX]	\$
			SELENDE ANNU CONTRACTOR AND PROJECT AND PROCESSOR OF	White I
Full Name of Contributor				
(House## Street Address		IV.		\$
(City) Description of contribution	State	Zip/Code	Date(IMM/DD/AMM)	S
(Full Name of Contributor			(Date (MM/DD/AMM))	
House#) StreetAddress		ENCLYONG 200F OR STATE OF STAT	Date [MM/DD/XYXX]	
(Git) D:sg/ptiono//contribution	State	Zip Code #	Date [MM/DD/XXXX]	S .
DESTRICTION AGONT FOR THE				

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

FRIENDS OF MILL KUBYLIST	

Eull Name of Contributor	Date [MM/DD/YYYY] \$ \$
House:# Street Address	cDate [MM/DD/YYYY/]
City State Zip Code	Date [MW/DD/YYYY] \$5
Employer Name	Occupation
Employer:Mailing Address /: Principal / Place of Business	Description of Contribution
Full Name of Contributors:	(Date [MM/DD/YYYY] \$
House:# Street Address	Bate [MM/DD/YYYY] \$
City State Zip/Code	Date [MM/DD/YYYY)] ; \$
Employer Name	Ogeup alon
Employer Mailing Address // Principal Place of Business	Description of a figure contribution
%EUII/Nämejöf/Gontributor/	(bate [MM/DD/YYYY])
House:#: Street:Address	Date (MM/DD/NYYY) \$5
City State Zip Code	Date [MM/DD/YYYY]
Employer Name	Occupation ***
Employer Mailing 'Address / Principal' Place of Business	Description of "Contabution"
	Date [MM/DD/YYYY] #5
House:# Street:Address	Date [MM/DD/YYYY] S
City State Zip Code Z	Date [MM/DD/AYYY] \$\$ Occupation ()
Employer Mailing Address // Principal	
Place of Business	Description ** of ** Contribution **

Statement of Expenditures

Filer Identification Number:				
	1=01000	3 h		
(Fileraldentification Number:	FRIENDS	OF MILLO	KOB-KKAA	
			<u> </u>	

To Whom Paid		C 00	,		Date [MM/DD/YYYY] \$	46
House #	Street Address	fice MA	· ·		7-28-17	Z140
	JUEEL/AUGIESS	MILICRACK	macc		Description of Expenditure	
TO THE PRODUCTION OF THE PROPERTY OF THE PROPE	ERIE	State PA	Zip	16509	SUPPLIES	7
To Whom Paid	PESM	UTTS SIENS			Date [MM/DD/YYYY] / \$	
House #	Street Address	WISTH			Description of Expenditure	
City	ERIE	State PA	A TA DEPOSITS	1650	2140 816	•
To Whom Paid			Code	(*30,0)	P YALD SIE Date [MM/DD/YYYY] S	
	The state of the s	UWSEE			10-23-2017	499800
House #	Street Address	3514 STA			Description of Expenditure	
CYVICA BOX	RIE	State PA	Zip Code (8023	TU SPOTS	STATE OF THE PARTY
To Whom Paid					Date [MM/DD/YYYY] S	
House #	Street Address		-		Description of Expenditure	
City		State	Zip Code			
To Whom Paid			*Code		Date [MM/DD/YYYY]/= \$	
House #	Street Address					
City			Index Professional		Description of Expenditure	100
		State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY] \$	
House #	Street Address			- Y	Description of Expenditure	
C(ty)	The state of the s	State	Zip Code	- 3	<u>学习的</u> 的变形。但不是是对于50%的特别的现在形式。	
To Whom Paid		Marks (1345-151)	ESTATION SHOW	1100	Date [MM/DD/YYYY] \$	
House #	Street Address	n		-	Description of Expenditure	
Glty		State	Zip Code	(i	Haware Carlona, Science Property.	
To Whom Paid			Code		Date [MM/DD/XXXXIII] \$	· ·
				30		
House#	Street Address				Description of Expenditure	
City		State	Zip Code		Total artists from the second	adigi etga tid managagan memena ang umawa a asar a

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

FRIENDS OF MIKE KOBILIA	Filer identification Number:		_			
	Filer Identification Number	FRIENDS	OF	MIKE	KOBY KIGA	

Name of Greditor			Outstanding/Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	(\$ 2.
Gity	State	Zip. Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/WYY]	\$
Gty	FState #	Zip Code	
Description of Debt			
Name of Greditor Street		DATE DEBT INCURRED	l Outstanding Balance of Debt
COUSE# Stre	et Address	[MM/DD/YYYY] & 1	
Gity	State	Zip Code	
Description of Debt			
Name of Creditor	alcontest of the section (1992)		Outstanding Balance of Debt
	et Address	DATE:DEBT-INCURRED	
City	State	Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
	et Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State	Zip Code	
Description of Debt 1			
Name of Creditor			Outstanding Balance of Debt
House'#! Stre	eti Address Progress	DATE DEBT(INCURRED	
Gity	State	Zβ (g (Code	
Description of Debt	10 New orders	1.2305.03.50-7.0000.004	LETTING .